

1. Name of Facility: _____

License # Expires

Check one of the following: ☐ Initial Application (\$1,000.00)

Public Protection Cabinet Department of Housing, Buildings and Construction **DIVISION OF PLUMBING**

Boiler Inspection Section 101 Sea Hero Road, Suite 100 Frankfort, Kentucky 40601-5412 (502) 573-1708 Fax (502) 573-1058



☐ Renewal Application (\$500.00)

OWNER FACILITY LICENSE APPLICATION

Please type or print application. Answer all questions on this application.

An application fee of \$1,000 or a nonrefundable renewal fee of \$500 payable to Kentucky State Treasurer shall be submitted with this application.

(*Note: If the initial application is denied, the Department shall refund only \$500 of the application fee)*

Address:				
		ıte or Box Numb	er)	
City:	State:	Zip:	County:	
Name of Primary Contact:			Title:	
E-Mail Address:			_ Telephone: ()	
. List each owner's piping inspector and in	ndependent inspe	ction agency re	tained by the applicant facility:	
Name			Owner's Piping Inspector License #	
				
				
				
				
(This list shall be updated and pr	rovided to the Boi	ler Inspection S	ection within thirty (30) days of a change)	
Attach proof that the facility has employ cense issued under KRS 236.210.	yees who hold, or	retains a contr	actor who holds, a boiler and pressure vessel contr	actor
	ment of Housing,	Buildings and	nce for general liability through a company permitt Construction, Division of Plumbing, 101 Sea Hero I r.	
pplicant's Signature:			Date:	
For Office Use Only				
Date Received Date Approved Check/Pmt # Date Issued				

